

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021213

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 1555

STATE FILE NUMBER

FILED MAY 28 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirkwood

Length of stay in 1b

14 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

926 N. Kirkwood Rd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

admission)

c. CITY
OR
TOWN

Kirkwood

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

926 N. Kirkwood Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HORACE

HOBART

AUSTIN

4. DATE
OF
DEATH

Month

Day

Year

May 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/15/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vice-President

10b. KIND OF BUSINESS OR INDUSTRY

Louis, Inc.

11. BIRTHPLACE (City and state or country)

Enid, Oklahoma

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Albert J. Austin

13b. MOTHER'S MAIDEN NAME

Bertha (unknown)

14. NAME OF HUSBAND OR WIFE

Veva Erma Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Mrs. Veva Erma Austin, 926 N.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

7 yrs

DUE TO (b)

Pneumonia - Bronchial

6 mos

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

No

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

No

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to 5/22/62

and last saw him alive on

5/22/62

Death occurred at

19:50 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John C. Cruse

22b. ADDRESS

Maplewood Mo

22c. DATE SIGNED

5/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

23b. DATE

5/25/62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Mausoleum

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons-6175 Delmar

25. DATE RECD. BY LOCAL REG.

5-23-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6745 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.